

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214503135				
1.) CORPORATION NAME: BLOCK VISION, INC.						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY						
4.) STATE OR COUNTRY OF INCORPORATION: NJ						
5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,500</td> </tr> </table>			CLASS	AUTHORIZED	COMMON	2,500
CLASS	AUTHORIZED					
COMMON	2,500					
6.) PRINCIPAL OFFICE ADDRESS: <div style="margin-top: 10px;"> ADDRESS: 939 ELKRIDGE LANDING ROAD SUITE 200 CITY/ST/ZIP: LINTHICUM, MD 21090 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: ANDREW ALCORN TITLE: PRESIDENT ADDRESS: 325 COLUMBIA TPK STE 303 CITY/ST/ZIP/CO: FLORHAM PARK, NJ 07932	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
NAME: ADRIENNE BENNETT TITLE: VP Operations ADDRESS: 939 ELKRIDGE LANDING ROAD SUITE 200 CITY/ST/ZIP/CO: LINTHICUM, MD 21090	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
NAME: MARK DALTON TITLE: VP OF MED OPS ADDRESS: 3033 N 44TH ST STE 270 CITY/ST/ZIP/CO: PHOENIX, AZ 85018	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
NAME: AUDREY WEINSTEIN TITLE: SVP & SEC ADDRESS: 7700 CONGRESS AVENUE STE 3108 CITY/ST/ZIP/CO: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
NAME: HOWARD LEVIN, OD TITLE: SVP/CLINICAL DIR ADDRESS: 939 ELKRIDGE LANDING ROAD SUITE 200 CITY/ST/ZIP/CO: LINTHICUM, MD 21090	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHANIE LUCAS SVP 325 COLUMBIA TPKE STE 303 FLORHAM PARK, NJ 07932	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christopher Corey DIRECTOR 50 Kennedy Plaza 12th Floor Providence, RI 02903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Scott Hilinski DIRECTOR 50 Kennedy Plaza 12th Floor Providence, RI 02903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christopher Crosby DIRECTOR 50 Kennedy Plaza 12th Floor Providence, RI 02903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kirk Rothrock CEO 939 Elkridge Landing Road Suite 200 Linthicum, MD 21090	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kimberley Hess SVP 11101 White Rock Road #150 Rancho Cordova, CA 95670	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brian Silverberg CFO & Treasurer 939 Elkridge Landing Road Suite 200 Linthicum, MD 21090	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ AUDREY WEINSTEIN		AUDREY WEINSTEIN, SVP & SEC	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE			
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			